

Diesel Truck and Bus Information Survey

The California Air Resources Board is gathering information about heavy-duty diesel vehicles and their operations. This data will be used to better understand the age and use of diesel vehicles used in different operations such as long-haul, local delivery, and other types of operations. If you choose to fill out the survey, you will be asked for your contact information, your company information, and information about your fleet vehicles. You may keep your company information confidential by checking the box at the top of the Company Information table.

Who should complete this survey? Any person, business or corporation that owns or is leasing, for twelve months or more, any diesel powered truck, bus, pickup, or other vehicle. If you have a large number of vehicles, you may contact us for other methods to receive your information. Please contact Ms. Jackie Johnson at (916) 323-2750.

Please send the completed survey to:

Ms. Jackie Johnson
Truck and Bus Survey
Air Resources Board/Mobile Source Control Division
1001 I Street Sacramento, CA 95812

OR Fax: (916) 323-5526 Attn: Jackie Johnson

I. COMPANY INFORMATION:								
Check box to keep information conf	idential:							
Company/Subsidiary Name:	Parent Company Name:							
Business Telephone:	Email address:	C	Contact Name and Title:					
What are your Carrier ID#s? Provid	le all that apply:							
CA#: IRP#:	IFTA#:		USDOT#:					
Ownership Type: Private Business	☐ Federal Government ☐ State Govern	ment □ 0	Other Government Non-Profit					
Number of employees nationwide (circle one): 0, 1, 2, 3, 4, 5, 6 to 10, 10 to 50, 51 to 100, 101 to 250, 251 to 500, >500								
Number of employees in California (circle one): 0, 1, 2, 3, 4, 5, 6 to 10, 10 to 50, 51 to 100, 101 to 250, 251 to 500, >500								
Gross revenue (pre-tax 2006): _\$_								
Approximate value of total business assets: _\$								
Total horsepower of equipment (>24 hp) subject to the CA Off-road Diesel Vehicle Rule: hp								
Total horsepower of equipment (>49 hp) subject portable equipment regulation: hp								
II. BUSINESS OPERATION:								
Primary Business Use Category (se	elect one):							
□ Ag-farm crops/livestock/la □ Ag-support (seed, fertilize □ Bus line-charter □ Bus line-tour □ Bus line-shuttle service □ Bus line-other □ Construction □ Contractor □ Entertainment □ Food service-restaurant/g □ Food service-other □ Haul-ag products □ Haul-building supplies/ma □ Haul-fuel □ Haul-retail goods □ Haul-other □ Haul-dirt/aggregate	er, chemicals, soil amendments, etc.) grocery	☐ Haul-li ☐ Haul-li ☐ Rental ☐ Rental ☐ Wanuf ☐ Vehicl ☐ Servic ☐ Servic ☐ Servic ☐ Sales- ☐ Sales- ☐ Sales-	ther liquids or gases vestock/poultry nished food products -portable/off-road/trucks -other acturing e dealer-new/used e-towing e-diesel repair e-sewage cleaning home furnishings durable goods consumables diesel vehicle parts e-crane e-utilities					
Number of trucks/buses you own na	ationwide (or lease >12 months):							
How many different trucks/buses op	perated in California in 2006?:							
Portion of fleet that is leased more t	10% 20	0% 30% 40% 50% 60% 70% 80% 90% 100%						
If you lease vehicles, what type of le	ease do you commonly use?							

III. AGRICULTURAL COMPANY INFORMATION					
Please indicate your company type: □ Farmer □ Farm Labor Contractor □ Livestock Rancher	Harverstor and Cold Storage				
If other, please describe briefly below:	☐ Other				
Please provide the number of acres farmed:		_			
If farm labor contractor, please indicate the number of employees:					
If co-op, please indicate the number of members:					
If livestock rancher, what is the number of head?:					
If custom harvestor, what is the number of acres harvested?:					
IV. FLEET LOCATION: This section is intended to characteristic dispatched from a given location (ie. terminal, subsidinformation about the vehicles operated out of ONE locopies of this page.	iary, or gar	age). In this section, please enter			
Create name of fleet location (to use with vehicle information					
Zip code of fleet location:					
Number of vehicles operated from this location:					
Where do these vehicles travel? (Check all that apply.):	☐ California ☐ Other states ☐ Canada ☐ Mexico				
V. VEHICLES TRAVELING ONLY IN CALIFORNIA: For information about your vehicles that operate only in Califo					
Number at this location that stay in California:					
2. Approximate radius of operation in miles:		8 - Northeast Plateau			
3. Indicate your common areas of operation in California (check all that apply): 1-North Coast 2-Lake County 3-San Francisco Bay Area 4-North Central Coast 5-South Central Coast 6-South Coast 7-San Diego 8-Northeast Plateau 9-Sacramento Valley 10-Mountain Counties 11-San Joaquin Valley	1 - North Coast 2 - Lake County 3 - San Fran Bay Are 4 - North Cent	11 - San Joaquin Valley a 12 - Great Basin Valleys			
☐ 13-Mojave Desert		7 - San Diego			

VI. VEHICLES TRAVELING OUTSIDE OF CALIFORNIA: Estimate the following for vehicles that operate from this fleet location (Section III) and operate inside and outside of California. Those with apportioned or other state plates.									
Number at this location that operate in & out of California:									
2. Approximate radius of operation in miles:				0-50	51-100	101-250	251-500	>500	
3. Portion of total miles that occur in CA				0% 30%	6 40% 5	50% 60% 70	0% 80% 9	0% 100%	
4. For these vehicles, provide best estimate (in 10% increments) of where the CA miles occur (the sum should add up to 100%):	North-South H	yys: <u>East-West Highways</u> :							
	<u>Hwy 1</u> :		%	Interstate 80:			%		
	<u>Hwy 101</u> :		%	Interstate 15:			%		
	Interstate 5:	erstate 5:		Interstate 40:				%	
	<u>Hwy-99</u> :		%	Interstate 10:			%		
	<u>Hwy-395</u> :		%	Interstate 8:			%		
	Other N-S:		%	Other E-W:			%		

VII. VEHICLE INFORMATION: (Please print out or copy more pages if necessary.)										
Vehicle Count (1, 2, 3)	# #			#		#		#		
Fleet location (from Section III)										
Your fleet vehicle I.D #:										
Vehicle make:										
Vehicle model:										
Vehicle model-year:										
Engine make:										
Engine model year if different:										
,										
Cab type (Conventional, Sleeper, Cab-over, Other) List of true	lek body	type or	trailar tyr	oo (for n	ovt two i	tome)				
Beverage Drill Rig Bucket/Boom Drop deck Bus/Shuttle Dump, bottom Cab & Chassis Dump, end Car Carrier Dump, side Crane Dump/Transfer Curtain side Hot Shot Commodities Farm/Grain	Flatbed Flatbed/Dump Fuel/Lube Garbage: Packer Garbage: Roll-off Grapple Hooklift Hopper/grain		Live floor Livestock Logging Lowboy Mixer/Concrete Motorhome Pickup Plow/Spreader		Pneum./dry bulk Pup Salvage Service/Utility Stake Tag Tank: Asphalt		Tank: Liq. Fuel Tank: LPG Tank: Milk Tank: Vacuum Tank: Water Toter Tow: Roll-back		Tractor Van: Dry Van: Moving Van: Reefer Various Winch Yard Spotter	
Double drop	Порре	i/graiii	FIOW/OF	Dieadei	Tank: Chemical		Tow: Wrecker		Other	
Truck body type (power unit):										
Trailer type most commonly pulled										
Number of axles on power unit:										
Registered gross combined weight rating (lbs):										
Indicate number of times the vehicle visited major ports or railyards in 2006:										
License plate type (CA only, Apportioned, SE, Seasonal, None):										
If apportioned plate, enter state:										
If seasonal plate, enter # of months:										
Total miles driven in 2006:										
Total miles driven in CA in 2006:										
Approximate odometer reading:										
Total fuel used in 2006 (gallons):										
Year you purchased this vehicle?:										
Year of last rebuild:										
Year you would normally replace it:										
Does vehicle have low resistance tires?:	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Does vehicle have a faring?:	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Does vehicle have a 2nd engine?:	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
2nd engine annual hrs of operation:		hours		hours		hours		hours		hours
Second engine fuel type: (Diesel, Natural gas, Electric, Combination, Other)										
Does vehicle have power take off (PTO)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
PTO annual hours of operation:										
Temperature management APU (Diesel, Alternative fuel, Electric, None):										
Describe primary use of vehicle:										
Seasons of use (check all that apply):	□ Spring □ Summer □ Fall □ Winter □ Year round	d	□ Spring □ Summer □ Fall □ Winter □ Year round	I	Spring Summer Fall Winter Year round	d	Spring Summer Fall Winter Year round	d	☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ Year round	d
Miles/year in agricultural service:										